



APPLICATION FOR WELL PERMIT

Form No. A1
Revised on 1/4/2006

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
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Indianapolis, IN 46204
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Internet: <http://www.in.gov/dnr/dnroil>

FOR STATE USE ONLY

Application number	Permit number
Date received	Date approved
IGS ID No.	Approved by
IGS Samples <input type="checkbox"/> Yes <input type="checkbox"/> No	IGS Pool Name

PART I

GENERAL INFORMATION

Name of operator	Telephone number () -	FAX number () -
Address of operator (Street or PO Box) (<input type="checkbox"/> Check here if this is a new address)		
City	State	Zip code -
Send permit to (Enter name and address)	Telephone number () -	FAX number () -

☐ Check here if you would like to have the permit sent via FAX

☐ Expedite: Please check here and submit a total permit fee of \$750 to request 2 day processing

NOTE: Expediting not available for Class II and Non commercial gas applications

Applicant is (Check one only) ☐ Individual ☐ Partnership ☐ Public corporation
☐ Limited liability company ☐ Corporation ☐ Limited partnership

NOTE: Corporations, limited partnerships and limited liability companies must register with the Secretary of State. For further information about registration contact the Corporations Division, Secretary of State at (317) 232-6576

Type of bond (Check one only)

☐ Surety bond ☐ Check
☐ Blanket bond ☐ Personal surety bond (Valid for Non-commercial gas wells only)
☐ Certificate of deposit ☐ Bond not required per IC 14-37-6-1

NOTES: A bond must accompany this application unless the operator has a valid blanket bond on file with the division or is exempt from bonding under IC 14-37-6-1. All bonds must be originals and an original Verification of Certificate of Deposit form must accompany CD's. Checks must be certified. The bond amount for individual wells is \$2,500 and for blanket bonds is \$45,000.

Well type (Check one only)

☐ Oil (Complete PARTS I thru IVa, VI and VII)
☐ Gas (Complete PARTS I thru IVa, VI and VII)
☐ Class II Enhanced Recovery (Complete PARTS I, II, IVb, V, VI, and VII)
☐ Class II Saltwater Disposal (Complete PARTS I, II, IVb, V, VI, and VII)
☐ Non-commercial gas (Complete PARTS I thru IVa, VI and VII)
☐ Geologic/ Structure test (Complete PARTS I, II, IVa, VI, and VII)
☐ Gas storage or observation (Complete PARTS I thru IVa, IVc, VI, and VII)
☐ Non potable water supply (Complete PARTS I thru IVa, IVd, VI, and VII)
☐ Dual completion for Oil and Class II injection only (Complete PARTS I thru IVb, V, VI, and VII)
☐ Dual completion for Gas and Class II injection only (Complete PARTS I thru IVb, V, VI, and VII)

Application type (Check no more than two)

☐ New well
☐ Old well workover
☐ Old well deepening
☐ Horizontal well sidetracking
☐ Conversion
☐ Change of location

☐ Change of operator (Complete PARTS I, II and VI only unless another application type is also checked)
☐ Permit renewal (Complete PARTS I, II and VI only unless another application type is also checked)
Note: A \$250 permit fee is required except for expedited permits, which require a \$750 fee.

Former operator (If applicable)

Former Permit number (If applicable)

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PART II SURFACE LOCATION INFORMATION									
Name of lease						Well number		Elevation (G.L.)	
Township	Range	Section	1/4	1/4	1/4	Footage's: ft. from <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE line ft. from <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW line			
County		Lease acreage Acres		Distance to the nearest well capable of production from the same zone in which this well will be completed: feet					
Drilling unit acreage (Check one only) <input type="checkbox"/> 5 acres <input type="checkbox"/> 20 acres <input type="checkbox"/> 10 acres <input type="checkbox"/> 40 acres <input type="checkbox"/> Other (Attach unit exception or petition for exception and supporting documentation)						<input type="checkbox"/> Check here if acreage is communitized (pooled) NOTE: Attach a copy of the unit agreement or declaration of pooling. If previously submitted identify the permit number under which it was submitted Permit No.			

PART III PROPOSED WELL CONSTRUCTION								
<input type="checkbox"/> Check here and go to PART IV if the well presently exists and the construction will not change								
Enter casing strings from largest to smallest and enter the cement information on successive rows for a casing string that will be set using multiple cement stages.								
Casing Information					Cementing Information			
Casing Size (OD)	Casing Type	Casing Bottom	Casing Top	Hole Size	Cement Type	Cement Volume	Volume Type	Cement Yield
		ft.	ft.					
		ft.	ft.					
		ft.	ft.					
		ft.	ft.					
		ft.	ft.					
		ft.	ft.					
		ft.	ft.					
		ft.	ft.					
Packer setting depth ____ ft. Packer setting depth ____ ft. Packer setting depth ____ ft.				Centralizers at ____ ft. ____ ft. ____ ft. ____ ft. Casing perforated From ____ ft. to ____ ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.				

PART IV DRILLING AND OPERATIONAL INFORMATION	
Section a All Wells	
Declination type (Check one only) <input type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal	Note: For Directional & Horizontal wells the surface spot and termination point of the well must be shown on the survey.
Proposed total vertical depth feet (All wells)	Proposed measured length feet (Horizontal wells only)
Name of deepest formation to be drilled	
<input type="checkbox"/> Pool (Name): Or <input type="checkbox"/> Wildcat	
Section b Injection Wells	
Proposed Maximum Injection Pressure (MIP) measured in PSI at the wellhead	Proposed injection rate measured in barrels of water per day
NOTE: Calculated Maximum Injection Pressure (MIP) is based on the formula (0.8 psi/ft.-(0.433 psi/ft. (specific gravity)))depth. If you are applying for a MIP that is greater than the calculated MIP you must submit the results of: 1. A service company acid or fracture job that shows an instantaneous shut in pressure (ISIP), or 2. A service company step rate test that has a minimum of 3 steps and a breakdown pressure. The data must be for the injection formation, come from a well that is located in the same field as the injection well, and be less than 10 years old to be considered.	
Section c Gas Storage/ Observation Wells	
Injection/ withdrawal interval From. ft. to ft	Injection/ withdrawal formation
Observation interval From. ft. to ft	Observation formation
Section d Non Potable Water Supply Wells	
Water withdrawal interval From. ft. to ft	Withdrawal amount (Gallons per day)
	Withdrawal formation

Continued on the next page

PART V**PROPOSED WELL DIAGRAM**

NOTE: This diagram is required only for Class II injection and Dual Completion wells.

WELL CONSTRUCTION**Surface casing**

Setting depth feet

Size (OD) in.

Hole size in.

Cement top feet

Cubic feet

Intermediate casing

Setting depth feet

Size (OD) in.

Hole size in.

Cement top feet

Cubic feet

Long string

Setting depth feet

Size (OD) in.

Hole size in.

Cement top feet

Cubic feet

Liner

Setting depth feet

Size (OD) in.

Hole size in.

Cement top feet

Cubic feet

Centralizers

ft

ft

ft

ft

Cement squeeze

Perf. From ft. to ft

Cubic feet

Tubing

Setting depth feet

Size (OD) in

Packers

Setting depth feet

Setting depth feet

Setting depth feet

Perforations

From ft. to ft

From ft. to ft

From ft. to ft

From ft. to ft

GEOLOGIC INFORMATION**Production zones** (Top to bottom)

Name

Intervals From to ft.

Primary lithology (Check one)

☐ Sandstone ☐ Limestone

Name

Intervals From to ft.

Primary lithology (Check one)

☐ Sandstone ☐ Limestone

Name

Intervals From to ft.

Primary lithology (Check one)

☐ Sandstone ☐ Limestone**Confining zone**

Name

Intervals From to ft.

Primary lithology (Check one)

☐ Shale ☐ Limestone**Injection zones** (Top to bottom)

Name

Intervals From to ft.

Primary lithology (Check one)

☐ Sandstone ☐ Limestone

Name

Intervals From to ft.

Primary lithology (Check one)

☐ Sandstone ☐ Limestone

Name

Intervals From to ft.

Primary lithology (Check one)

☐ Sandstone ☐ Limestone

Name

Intervals From to ft.

Primary lithology (Check one)

☐ Sandstone ☐ Limestone**Plugback depth** feet**Plugback type** (Check all that apply)☐ CIBP ☐ Cement☐ Other (Explain below)**Total depth** feet

Continued on next page

PART VI AFFIRMATION	
I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief.	
Signature of operator or authorized agent	Date signed

SPECIAL REQUIREMENTS

1. **Only** those individuals whose signatures appear in PARTS V and VI of the Organizational Report may sign this form
2. The name of the operator on this application and the name of the principal on the bond **must** be identical
3. If you are applying for a Change of Operator permit you are certifying that you have conducted a good faith search for the current operator and said operator could not be located.

APPLICATION REMINDERS

PART I:

- Enter the name of the operator exactly as it appears on the Organizational Report
- If you want to have a copy of the permit certificate faxed to you please check the appropriate box
- If you want to request an expedited permit please check the appropriate box and attach a \$750 permit fee
- Don't forget to register with the Indiana Secretary of State if you will operate as a Corporation, Limited Liability Company or Limited Partnership
- Don't forget to attach the \$250 permit fee or \$750 permit fee for expedited permits.
- If a Certificate of Deposit is selected as the Bond Type, don't forget to attach the original CD and original Verification of Certificate form

PART II

- If the well will be an oil or gas well be sure to indicate the distance to the nearest well capable of production from the same formation for which this permit is to be issued and make sure you check the rule requirements on well spacing to avoid placing the well an insufficient distance from an existing well.
- If you check the communitized box you must attach a copy of the pooling agreement or specify the permit number for the well under which the pooling agreement was previously submitted.
- If you check the Other box under the Drilling Unit section make sure to attach a copy of the exception

PART III

- This part is used by the division to determine if your proposed well construction will meet the rule requirements. Please be sure to enter all information about the proposed construction so that it can be evaluated accurately.

PART IV

- For all wells make sure to specify a Proposed total vertical depth, deepest formation name and pool name.
- For horizontal wells make sure to specify a Proposed measured length
- For Class II wells you must provide a proposed maximum allowable injection pressure and injection rate and attach all documentation needed to evaluate your request.

PART V

- The well diagram must be completed for all Class II well applications

PART VI

- Applications that do not contain an original signature cannot be processed
- The signature **must** match a signature shown in Parts VI or VII of the Organizational Report
- If this application is for a Change of Operator your signature in PART VI certifies that you could not obtain this permit through the permit transfer process **ONLY** because the former operator could not be located.

Important: A permit issued as a result of this application is a license to conduct an activity and does not convey any property rights to the permittee. Consequently, the permittee is solely responsible for acquiring any and all property rights necessary to use the permit for its stated purpose.

PART VII

SURVEY

General Instructions

Use a 1"=1000' scale

Surveyor must complete the following

- Clearly indicate the section township, and range on the survey, spot the well and show the footages from the lines
- Use the surveyor's notes to explain deviations from a standard location such as topography and irregular sections

Operator or authorized agent must complete the following

- For oil or gas wells, outline the leased or communitized area AND the drilling unit allotment
- For all Directional and Horizontal wells show the surface location AND termination point of the well
- For Enhanced Recovery and Saltwater Disposal wells, draw a 1/4 mile radius circle around the proposed well, spot all other wells (plugged or unplugged) that intersect the proposed injection zone(s), and put the permit number of each well over the spot.

NOTE: Please show the entire 1/4 mile radius circle around proposed Class II wells

SURVEYORS' NOTES

SURVEYORS' SEAL

N

T
N
or
S

R ___ E or W

CERTIFICATION

I hereby certify that to the best of my knowledge and belief, the proposed location of the above described well, fixed as the result of an instrument survey made by me in compliance with the requirements of the laws of Indiana, is truly and correctly set forth hereon.

Signature of registered Indiana land surveyor

Date signed (mm,dd,yyyy)

Address (Street or PO, City, State, Zip)

Telephone number

Special PART VII Requirements

- You should adjust the location of the center of the section on the diagram so that the entire set of information in the General Instructions shows on a single survey plat. (Example: If a horizontal well will begin in one section but terminate in another you should move the section center point so that portions of both sections appear on the plat)
- This form **must** contain an original signature and original seal.